



LIFE MEMBERSHIP

Application

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr./Ms.	Last Name	First Name and Middle Initial	Maiden	Jr./Sr.

Address

City, State, Zip Code

Residence Telephone Number

Business Telephone Number

Cellular Telephone Number

Fax Telephone Number

E-mail Address

WCNAA Club

Associate

Wiley College Alumni Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Degree	Major	Greek Affiliation

- Enroll me in Wiley College National Alumni Association, Inc. for the \$500.00 option. I am enclosing a check/money order for \$500.00 payable to WCNAA-Life Membership.
- Enroll me in the two (2) payment plan for Life Membership in Wiley College National Alumni Association, Inc. for \$650.00. I am enclosing a check/money order payable to WCNAA-Life Membership for (2 payments) \$325.00 for initial payment and \$325.00 1 year from now.
- Enroll me in the three (3) payment plan for Life Membership in the Wiley College National Alumni Association, Inc. for \$650.00. I am enclosing a check/money order for \$325.00 payable to WCNAA-Life Membership for my initial payment. I will pay the balance in two equal payments of \$162.50 each within the next two (2) years.

Signature _____ Date ____/____/____

Mail to: WCNAA, Inc.
Financial Secretary
P.O. Box 419
Marshall, Texas 75671-0419

If you have any questions, call the Director for Membership, Dr. Barbara Griffin Washington at (281) 804-7046.

RECEIPT NO.	AMOUNT	DATE / /	CHECK NO.	AMOUNT	DATE / /
Life Membership Pin	Information Package	Master Data File	Office of Alumni Relations		
DATE / /	DATE / /	DATE / /	DATE / /		